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PAIN IN DEPRESSION AND PRODUCTIVITY LOSS—(RESULTS FROM UK SUBSET OF THE EUROPEAN FACTORS INFLUENCING DEPRESSION ENDPOINTS RESEARCH (FINDER) STUDY)Azough A¹, Das Gupta R¹, Wong B¹, Barradell CA², Quail D³, Jogessar Y²¹Boehringer Ingelheim, Bracknell, Berkshire, UK, ²Eli Lilly and Company, Basingstoke, Hampshire, UK, ³Eli Lilly and Company Limited, Surrey, UK

OBJECTIVES: To characterise the productivity loss of patients with depression and concurrent pain as reported from the Factors Influencing Depression Endpoints Research (FINDER) 6 month observational study in the UK. **METHODS:** Patients were enrolled in the FINDER study funded by Eli Lilly and Boehringer Ingelheim primarily evaluating health-related quality of life in patients seeking treatment for depression. Occupational status and working pattern data were collected at enrolment and subsequent observations at 3 and 6 months. Pain was assessed using a visual analogue scale (range 0–100, no/mild pain [NMP] 0–30 mm, significant pain >30 mm). **RESULTS:** A total of 608 patients were enrolled with a mean age of 42.8 years (SD 14.7) and 61.2% were female. Of these, 349 (57.6%) patients were employed 35.8 hours a week (SD 11.9). At baseline, 38.7% of those working missed an average 41.7 (SD 33.1) hours of employment over the previous 2 weeks. 62.6% of patients with NMP were employed compared to 54.6% of patients with significant pain with a medical disorder not known to cause pain or without further co-morbidity (PD); and 46.9% of patients with significant pain and a co-morbid medical condition known to cause pain. At 3 and 6 month observations, the number of patients who reported to have missed paid work during the last 2 weeks showed improvement in all 3 pain cohorts. However, more patients with PD reported work missed relative to the other cohorts at each observation. Furthermore, patients with PD also reported a greater number of hours of employment missed during the last 2 weeks. **CONCLUSION:** Workplace productivity was increased relative to baseline for these patients with depression following 6 months of antidepressant treatment. Despite improvements in workplace attendance, they continued to report workplace absenteeism, particularly those with concurrent pain of unknown aetiology.

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INFLUENCE OF BEHAVIOURAL SYMPTOMS ON RESOURCES USE IN DEMENTIAOrgogozo JM¹, Gaichies S², Dartigues JF², Guennec M³, Rive B⁴, Armand C⁵, Guillaume C⁴¹Bordeaux University Hospital, Bordeaux, France, ²Inserm U593, Victor Segalen Bordeaux 2 University, Bordeaux, France, ³Lundbeck SA, Paris, France, ⁴Lundbeck SAS, Paris, France, ⁵H. Lundbeck A/S, Paris, France

OBJECTIVES: Various behavioural symptoms occur during the course of dementia. Despite, many previous studies have demonstrated the global influence of behavioural symptoms on the total cost of care, the influence of individual behavioural symptoms on individual resource use remains unclear. The objective of the study was to determine which symptom has more influence on which resource use, looking if some symptoms or groups of symptoms are often associated with a higher use of resources. **METHODS:** This study was an analysis of a cohort including 349 dementia patients living in France. The follow-up of patients consists in one demographic and clinical questionnaire at baseline and resources use questionnaires at baseline, 6 months and 12 months. The resource use will be described in

general population and then according to the presence or absence of behavioural symptoms. **RESULTS:** Description of resources use in general population was consistent with what was observed in other studies (on average 3 GP visits, 1 specialist visit, 4 physiotherapist visits, 1 psychologist visit and 30 nurse visits during the last quarter), which seems to validate data collection. At the opposite, we noticed a significant influence of some behavioural symptoms on long-term health care i.e. antipsychotic treatments and social services. Actually, antipsychotic treatments were more frequent on patients with delusion (+26%), hallucination (+25%), agitation (+13%) or irritability (+10%). The proportion of patients in home for elderly was higher in patients with delusion (+23%), hallucination (+20%), agitation (+11%) and anxiety (+11%). **CONCLUSION:** No obvious influence of specific behavioural symptoms on acute care like hospitalisation was shown; it could be easily explained by the delay between behavioural and resource use assessments. Behavioural symptoms as delusion, hallucination and agitation were the symptoms the most frequently associated with long-term resources use.

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ESTIMATION OF THE RESOURCE UTILIZATION AND METABOLIC CONTROL ASSOCIATED WITH DEPRESSIVE SYNDROME IN PATIENTS WITH STROKESicras A¹, Blanca M², Navarro R¹, F Bobadilla J³, González P⁴, Sánchez C⁴¹Badalona Servicios Asistenciales, Barcelona, Spain, ²Badalona Serveis Assistencials, Badalona, Barcelona, Spain, ³Pfizer Spain, Madrid, Spain, ⁴Pfizer Spain, Alcobendas, Madrid, Spain

OBJECTIVES: Estimate comorbidities, metabolic control and costs (resource utilization) associated with depressive syndrome in patients with stroke in a primary care setting, in routine clinical practice. **METHODS:** Multicentric retrospective study. Data were obtained from medical records of 5 primary care centres during 2006. Comparative cohort: patient without depression. Main variables: sex, age, general comorbidities, Charlson index (severity), clinical parameters (Body mass index [BMI], blood pressure, glucose levels, cholesterol, HDLc and LDLc, among other) and total costs per patient/year. Resource utilization: medical visits, diagnostic/therapeutic test, specialist referrals and pharmaceutical prescription. An ANCOVA analysis was performed (Bonferroni adjust) to correct the costs' model. SPSSWIN program was used, with a statistical significance of $p < 0.05$. **RESULTS:** In all, 63,525 patients were evaluated; 4.0% (CI95%:3.8–4.2%) had stroke ($n = 2,566$); their mean age was 70.1 ± 13.4 years old and 42.2% were women. A 17.7% had depression, with 69.5 ± 12.6 years old as average age and a 57.2% of women. Depression was not significantly associated with age, general comorbidities, Charlson index and clinical parameters of metabolic control. Patients with depression had a greater BMI than the comparative cohort (29.2 vs. 28.4 Kg/m², respectively; $p = 0.003$). Depression in stroke patients was associated with a greater utilization of resources: medical visits (14.9 ± 13.9 vs. 17.7 ± 17.3 ; $p < 0.001$); diagnostic tests (1.6 ± 4.2 vs. 2.1 ± 4.7 ; $p = 0.03$); specialist referrals (106.0 ± 145.5 vs. 140.7 ± 184.3 ; $p < 0.001$) and drug prescriptions ($\text{€}1092 \pm 1084$ vs. $\text{€}1527 \pm \text{€}1268$; $p = 0.000$). After age, sex and comorbidity correction, the presence depression in stroke patients was associated with higher costs: $\text{€}1498$ vs. $\text{€}2038$, $p < 0.001$. **CONCLUSION:** In a primary care setting, the presence of depression in patients with stroke showed an increased prevalence. It is clear that there is a greater use of health resource utilization in these type of patients that derives in higher cost.